

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1934AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/12/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVALON HEALTH ESTATES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7450 DEL REY AVE LAS VEGAS, NV 89117</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/12/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 9 Category 2 beds.</p> <p>The facility had an endorsement to care for persons with Alzheimer's disease.</p> <p>The census at the time of the survey was 5. Five resident records were reviewed. One closed record was reviewed. Five employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 870 SS=D	<p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the</p>	Y 870		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 870	Continued From page 1  administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medication reviews were completed every six months for 1 of 5 residents (#5).  Findings include:  Resident #5 was admitted on 2/12/04, with diagnoses including chronic obstructive pulmonary disease, non-insulin dependent diabetes mellitus and hypertension.  Resident #5's record contained a medication review dated 4/6/07. The subsequent medication reviews were dated 11/6/07 and 6/5/08.  Severity: 2    Scope: 1	Y 870		
YA930 SS=E	449.2749(1)(a-j) Resident File  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the	YA930		

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YA930	Continued From page 2  facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the	YA930			

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YA930	<p>Continued From page 3</p> <p>activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i) The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the required documents were on file for 2 of 5 residents (#2, #5).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 1/29/08, with diagnoses including chronic kidney disease, hypertension, cognitive impairment and history of cerebrovascular accident.</p> <p>The file for Resident #2 lacked documented evidence of a designation of Category I or Category II.</p> <p>Resident #5 was admitted on 2/12/04, with diagnoses including chronic obstructive pulmonary disease, non-insulin dependent diabetes mellitus and hypertension.</p> <p>Resident #5's record lacked documented evidence of a physician's statement indicating the resident's mental and ambulatory status.</p> <p>Severity: 2    Scope: 2</p>	YA930		

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